

## SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

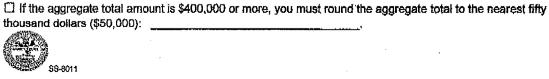
INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at <a href="ethics.counsel@state.tn.us">ethics.counsel@state.tn.us</a>. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE 12/28/2007			
	b,	REPORTING PERIOD [check box]:   October 1 – March 31  April 1 – September 30			
2.	a.	NAME OF CORPORATION/ENTITY Michael Miller			
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS			
	,	Michael Miller			
3.	a.	ADDRESS Street or Rural Route City State Zip Code			
		P.O. BOX 1417			
		Lebanon TN 37088			
	b.	PHONE NUMBER 615-417-0874			
4.	LOBBYING INTERESTS				
	a. —	List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.  Shath agun au Board Commissum.			
	<del></del>				
	b.	Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.			

- YY I(1) 93 GIIY SAISIY, 166, DAYIIGIIL TEIN	Page 2 of 3  COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6- abursement or other valuable consideration, or any combination thereof, r, 'compensation' does not include the salary or reimbursement of an person's regular employment."
activities shall be apportioned to reflect the lot more detailed definitions of "Lobbying," "Adn	f lobbyist compensation paid by the employer. For purposes of the who performs duties for the employer in addition to lobbying and related obyist's time allocated for lobbying and related activities in this state (see ninistrative Action" and "Legislative Action," and exceptions thereto, in 13(a)(1)(A)-(K). (Check the appropriate box.)
Less than \$10,000	☐ At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000
☐ If the aggregate total amount is \$400,000 or more thousand dollars (\$50,000);	e, you must round the aggregate total to the nearest fifty
LOBBYIST NAME Randy Button	IN-HOUSE LOBBYIST
7. LOBBYING-RELATED EXPENDITURES	
NOTE: For the purposes of this Report, a effect shall be apportioned equally among the Excluding lobbyist compensation (which is rethe employer to third party vendors, for the propinion or grassroots action in the State of relating to printing, publishing, advertising, broadigital video discs, infomercials, rallies, demor costs, internet services, public relations service grants to issue groups or grassroots organizations.	any expenditure made for the purpose of achieving a multi-state hose states.  reported under 5), state the aggregate total of expenses paid directly by urpose of influencing legislative or administrative action through public fennessee. These expenditures include, but are not limited to, costs adcasting, paid announcements, audiotapes, videotapes, compact discs, estrations, seminars, lectures, conferences, postage, telephone related les, governmental relations services, polling services, travel expenses, ions or any other expense incurred lobbying. Authority: T.C.A. § 3-6-
303(a)(2)(A)-(K). (Check the appropriate box	a)
🖄 Less than \$10,000	☐ At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000

☐ At least \$250,000 but less than \$300,000

☐ At least \$350,000 but less than \$400,000



☐ At least \$200,000 but less than \$250,000

☐ At least \$300,000 but less than \$350,000

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8.	AGGREGATE TOTAL OF ALL IN-STATE EVENTS			
State the aggregate total amount of all employer expenditures for all in-State event(s) (e.g., those events to which the employer invited the entire General Assembly), which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).				
9.	TO BE SIGNED BY REPORTING OFFICIAL (must be a			
best (	certify that the information contained this Report is true of my knowledge, information and belief	and that it is a complete and accurate report to the		
	Name of Person: PrinchAtt Millian	Date		
accur	I, the undersigned, acknowledge that a have reviewed the rate to the best owny knowledge, information and belief.			
Signa	stuffe of CEO, CFO or Authorized Representative Name of Person:	/ <i>み-み</i> よ・0フ Date		
	I SAM iller , the undersigned, do hereby	witness the above signature of the CEO, entative, which was signed in my presence.		



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B. AGGREGATE TOTAL OF ALL Imployer expenditure State the aggregate total amount of all employer expenditure employer invited the entire General Assembly), which was or to T.C.A. § 3-8-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3),	
9. TO BE SIGNED BY REPORTING OFFICIAL (mus	et be attented to by a witness)
I certify that the information contained in this Report best of my knowledge, information and belief	is true and that it is a complete and accurate report to the
	19-28-07 Date
Signature of Person Completing Report Print Name of Person:	7(
the undersigned, acknowledge that have review accurate to the best of my knowledge, information and belief.	ed the foregoing Report and certify that is complete and
	10-25-07 Date
Signature of CEO, CFO or Authorized Recrease Print Name of Person:	Date
	nereby witness the above signature of the CEO, Representative, which was signed in my presence.
Signature of Witness	Dec 28, 2007

